## **BOARDING SCHOOL/INSTITUTION DOCUMENTATION**

The following members of my h	ousehold are attending boarding school:
Name of Child	Name of School
Name of Child	Name of School
Name of Child	Name of School
The following members of my h (institution) temporarily.	ousehold are attending a Treatment facility
Name of Child	Name of Institution
Name of Child	Name of Institution
They left (will leave) the home	on
,, (	DATE
They will return on	(if known)
DATE	-
•	TANF/BIA/TWEP received each month on rt if the child changes schools, institutions or
Recipient's signature	 Caseworker's signature
DATE	 DATE